THE

MEDICAL AND SURGICAL REPORTER.

No. 932.] PHILADELPHIA, JAN. 9, 1875. [VOL. XXXI.—No. 2.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

PHYTOLACCA DECANDRA AND ITS USE IN MAMMITIS.

Read before the Northwestern Ohio Medical Association, at its semi-annual session at Forest, Hardin county, O., Dec. 3d, 1874.

BY F. W. FIRMAN, M.D.,

Of Findlay, Hancock county, O.

We have growing all around us, in the fence corners of almost every field, and along the borders of our forests, a very valuable remedy, which I believe has been too much neglected. Passing by this plant, which is so common and easy of access, we have tried in vain to find equal virtue in plants that are rare and difficult to obtain. Perhaps, had Phytolacca Decandra been a native of South America, or found only upon some barren rock in mid-ocean, some daring cunduranguist, with governmental aid to back him, might, by its discovery and sale, have gained notoriety and riches.

Phytolacca Decandra, commonly called Poke, or Garget, is indigenous to North America. It is also found growing spontaneously in Northern Africa and in Southern Europe. The root, leaves and berries are used medicinally, but the most convenient form for general use internally is the fluid extract of the root. For external use the solid extract is the best.

It is described in the United States Dispensatory, as being, "emetic, cathartic, and somewhat narcotic." Its alterative properties are barely hinted at, but its power as an antiphlogistic is not mentioned. It is chiefly to its antiphlogistic, and I might say almost specific properties, as displayed in the treatment of mammitis, that I desire to call your attention to-day. Mammitis has been regarded as the opprobrium of medicine, so little success having attended the treatment of this painful and aggravating affection. The great majority of cases, notwithstanding our greatest efforts to abort them, will suppurate, and the exquisitely sensitive mammæ has been the seat of untold torture to the interesting patient, and the greatest anxiety to the sympathizing yet powerless physician. Anything which promises relief should be eagerly sought after, and unremittingly applied. A specific in mammitis will be accepted with the most profound gratitude by the suffering patient.

In the *American Journal of Medical Sciences*, for January, 1873, page 275, Dr. G. W. Biggers, of La Grande, Oregon, reports three cases of mammitis cured by the phytolacca decandra, and says that he has used the remedy in many other cases, and "it has never yet failed in a single case." In the *Clinic* for November 9th, 1873, vol. v. No. 22, page 254, Dr. C. H. Tidd, of Middleport, Ohio, calls attention to the fact that Dr. J. C. Bishop had seemingly aborted four cases of mammary abscess by the employment of this remedy.

The plant has long been favorably known as a remedy for garget, "an inflammation in the udders of cows." It is from its use in this disease, that one of its most familiar names is derived; or perhaps the converse of this is true. During the past year I have tested its virtues in several cases, and can bear witness to its beneficial effects. Indeed, so much confidence have I in its efficacy in mammitis, that I believe no

case should be allowed to pass without giving the poke a thorough trial, for in no case yet tried by me has it failed to give perfect relief.

I do not propose to consume your time by presenting a long array of cases, but will give the history of a single case, typical of the rest, wherein its effects were singularly and peculiarly beneficial.

Mrs. R., aged about forty; is the mother of five children, and was delivered of the last on Monday morning, February 8th, 1874. The labor was a rapid and comparatively easy one, nothing unusual occurring during its progress. Following the last three previous labors, she has suffered with mammary inflammation of both breasts, suppuration occurring each time, and lasting for several consecutive weeks, accompanied by all the horrible suffering attendant upon such cases. She very naturally fears a repetition of the trouble, and entreats me to try and do something to save her from again enduring, as she expresses it, "torments worse dreaded than death."

An examination showed the mammæ already somewhat enlarged and tender. Numerous cicatrices, marks of former inflammatory action, were observed on both glands. Also a peculiarity of the case, viz., the absence of any protruding nipple. An ointment of camphor and lard was applied, and the breasts were enveloped in heavy silk. The child was put to the breast, but could get no milk, on account of the absence of the nipple, referred to above.

February 9th. Mammæ increasing in size and becoming harder and more tender. The trouble is evidently brewing, for the lacteal ducts are becoming occluded, from the local congestion which precedes acute inflammatory action. Ordered an ointment composed of camphor, belladonna and lard, to be used thoroughly, and the breasts to be emptied every six or eight hours, by use of the pump.

February 10th. Mammæ swollen to twice their original size, very much hardened and exceedingly tender. The use of the breast pump causes severe pain, and but little milk is obtained. Continued the ointment and gave a brisk cathartic. Also gave fluid ext. veratrum viride, three drops every four hours.

February 11th. Mammæ swollen to an enormous size, red and congested; patient can hardly bear to have them touched; she complains of throbbing pains. The breast pump is used with great difficulty and without result; has had a severe chill, and now has rigors and fever; the bowels have operated freely; the patient is discouraged, and thinks the breasts will suppurate; wishes the treatment discontinued, as it is of no avail. I, too, was disheartened; my sympathies were thoroughly aroused, and my anxiety intense to save the patient from the suffering consequent upon the suppurative process, and my efforts had been exerted accordingly. What was to be done? It was in this state of mind that I went back to our office and related the case, its treatment and progress, to my partner, Dr. Hurd, asking if he could suggest anything more which would be likely to do good. After a moment's thought, he referred me to the cases reported in the *American Journal of Medical Sciences*, mentioned above. Obtaining an ounce of the fluid ext. of poke root, I returned to my patient and gave her twenty drops, ordering a repetition of the dose every four hours. The same local applications as before were continued.

February 12th. Mammæ in about the same condition as yesterday, except that the breast pump causes less pain, and by its use about one half ounce of milk is obtained from each breast. The general symptoms are much improved; continued treatment.

February 13th. Mammæ softening and the swelling decreasing; the secretion of milk is increased and is easily drawn: the patient suffers less pain, has no fever, slept well during the night, and feels encouraged; continued treatment.

February 14th. Mammæ very much reduced in size and quite soft; milk drawn easily and without pain; patient eats well, sleeps well, feels comfortable, and is running over with expressions of gratitude; discontinued the ointment, and reduced the dose of the poke root to fifteen drops three times daily.

February 15th. Mammæ soft in every part; milk comes easily and looks natural; the inflammatory action is perfectly and completely reduced. Success is ours, and we dismissed the patient feeling happy.

In reviewing this case it will be noticed that the inflammatory action increased rapidly up to the time the poke root was commenced, and that within twelve hours thereafter notable improvement was manifest, which continued without interruption until the fourth day, when she was convalescent. Let it be remembered that this is only one of several cases treated with the

phytolacca decandra, but it was my first case so treated. Since then, if the slightest symptoms of inflammatory action occur, I immediately resort to full doses of twenty drops, every four hours, and have yet to find a case wherein success has not followed.

QUINIA AS AN OXYTOCIC.

BY WILLIAM R. D. BLACKWOOD, M. D.,
Of Philadelphia.

During the last five years a considerable amount of controversy has existed in our various journals, with reference to the action of the salts of *quinia* upon the uterus during pregnancy. The weight of opinion appears to lean toward the side of those who deny that any impression is apparent, so far as any tendency to abortive action is concerned. During my residence in a part of the country where intermittent fever abounded, I had occasion to note the effect of the sulphate of quinia upon three ladies whom I attended during the time of their pregnancy, each of whom also suffered from ordinary intermittent fever.

The first case was that of a lady who was then pregnant with her fourth child. She had never been affected with any uterine trouble before coming under my care, and her previous confinements were normal. Upon being consulted by her when she was attacked by an intermittent of quotidian type, I placed her upon the usual treatment adopted by me in similar cases, viz., five grains of mass. hydrarg. at bedtime, followed next morning by a saline laxative. Sulphate of quinia was then given in doses of three grains every four hours, but no decided improvement being apparent on the third day, I increased the amount of quinia to five grains at each dose, and after twenty grains had been taken during the fourth day, decided signs of labor presented themselves. She was in her eighth month at the time, and I at once took measures toward repressing the uterine contractions, but nevertheless continued the quinia in smaller doses. In spite of all my efforts, labor set in fully, and in seven hours after the premonitory symptoms appeared, I delivered her of a boy weighing four pounds. She had no trouble during her lying in, but the child lived only a week. Her intermittent returned in two weeks after her delivery, and was easily cured.

The second case was a lady in the same neighborhood, in the seventh month of her pregnancy. She also contracted quotidian intermittent fever, and was treated in a similar manner to the first case reported. Three grains every four hours failed to cut short her chills, but in four days after commencing the quinia she was thrown into labor, like the first case, and I delivered her of a still-born child, after a labor of thirteen hours. She had previously given birth to four children, the first a boy, the second twins, both girls, and the fourth a girl also. The still-born infant was a boy, fairly developed. After her confinement I had no difficulty in controlling her fever. Her previous pregnancies presented nothing peculiar, nor had she ever suffered from any form of uterine complaint.

In the third instance, the lady presented a history similar to the two first; perfect health until the accession of the intermittent fever (also quotidian). The chills were not controlled to any decided degree, but labor set in after *thirty* grains of quinia sulphate were taken. The means taken to check the advance of her labor were futile, and in ten hours she was delivered of an infant, certainly of not more than a seven months' pregnancy, which agreed with her computation. As each of these ladies had histories showing unusually good health before contracting the intermittent fever, and as each of them had evidenced at no previous time any tendency to abort, it is fair to presume that either the fever under which they labored, or the means employed to check that fever, had some influence in inducing their premature labors. Each of them unhesitatingly ascribed their early labor to the quinia given for their relief. The small amount of blue mass (five grains), and the equally harmless Rochelle salt taken on the succeeding morning, produced only a gentle laxative impression, and in none of the cases did any unpleasant or undesirable symptom appear until the system was more or less influenced by the quinia which had been administered. Neither could I ascribe to the intermittent itself the blame, as the sequel will show.

Without entering into a lengthened history of each case, it will be sufficient for my purpose to state that within the succeeding two years I attended the same ladies for intermittent fever again, and in each case pregnancy existed at the time. Having seen one other case in the practice of a professional friend in the interval,

which resembled, in many respects, those referred to above (premature labor following the use of quinia), I determined to employ other measures in dealing with the complication which had so greatly troubled me before. I brought each of the cases fully under the influence of arsenic, by the employment of Fowler's solution, and with satisfactory result. Although a relapse occurred in two of them, the same means again proved effectual, and but little trouble was experienced in maintaining a state of perfect health in each case. The labors were normal, but in order to test the effect which quinia might have upon cases during the parturient act, I administered to each patient, when in the expulsive stage, five grains of sulphate of quinia. The effect was, in each instance, decided and prompt, as much so in the particular patients under consideration, as ergot ever has been in my hands in any other case. The contraction of the uterus was firmer when it took place, and the intervals between the pains were notably shortened. One of the ladies, the wife of an officer connected with the troops with whom I was then serving, came under my hands a third time in her confinement. Having left the post at which she contracted the intermittent fever, she was not again troubled with that disease. However, I experimented in her case, with a view to satisfy myself as to the effect which quinia seemed to have upon her, and when the expulsive stage of labor had fully set in, I gave her, first, thirty drops of a reliable fluid extract of ergot, repeating the dose in fifteen minutes. Her pains were certainly intensified by the drug, and after waiting a short time, probably half an hour, I gave her five grains of sulphate of quinia dissolved in water by the aid of ten drops of aromatic sulphuric acid. The effect of the medicine was plainly apparent to both a medical friend and myself, and we fully agreed in attributing a much greater improvement in the character of the pains to the quinia than we did to the ergot. The labor was tedious, and having repeated the dose of quinia, we found no reason to doubt as to which agent was of greater energy.

I habitually take with me, to the lying-in chamber, a small vial of Squibb's fluid extract of ergot, together with my forceps, and I never regret the trouble of carrying them along, whether they prove to be necessary or not, for often time is lost by the distance which has to be traversed in order to get your instruments, or those of a friend, or to wake up a sleepy druggist, and after all to get an unreliable article of ergot, when you need the best. Frequently, of late, I have also had with these a small vial of a solution of quinia, for the purpose of further experiment as to its power over the uterine contraction. Although in many instances it is difficult to determine the positive action of this agent, I am nevertheless led to ascribe to it, in other instances, an undoubted good result. So far as my own observation is concerned, the number of cases is doubtless greatly too small to be of much use, yet in the moderate way in which I have given it, no harm can result from its administration, and sometimes it proved decidedly beneficial. As was stated at the beginning of this paper, the weight of opinion is adverse to the claim of quinia in promoting delivery, but might not further investigation be advantageous in throwing more light upon the question as to whether quinia is or is not an oxytocic?

A CASE OF DISLOCATION OF THE SPINE, WITH RECOVERY.

BY DR. S. P. JOHNSON,
Of Waterloo, N. Y.

Read before the Medical Association of Central New York, and Recommended for Publication.

In October, 1867, I treated a case of dislocation of the spine, and for the rarity of such cases, especially those terminating favorably, I thought it might not be uninteresting to give you a description of it, even at this late day.

At the time I was practicing in the city of Oswego, New York. The case was of Jacob Devolve, of Constantia, Oswego county; occupation a boatman on the canal; age about forty-five; bilious temperament; over six feet high; weight about one hundred and eighty pounds.

On the morning of October 21st, 1867, I was called by the superintendent of the poor to go on a vessel and attend a boatman who had been injured; one or both thighs supposed to be fractured.

On arriving at the vessel I learned the following particulars: The patient was seen walking on the deck of a vessel into which were being loaded barrels of salt from a canal boat lying by its side. The distance from the canal boat to the deck was about ten feet, and about twelve feet down to the bottom of the vessel. The barrels were lifted from the canal boat into the

vessel by a loop attached to the barrel, the rope coming up over a pulley, the end passing to the dock, where, by horse power, the barrel is raised over the vessel, and by backing is lowered into the hold.

The man was walking past this place when a barrel came up, and swinging over the deck struck him on the head, knocking him head foremost into the hold of the vessel, where there was a layer of barrels. He was taken out, and was on deck when I arrived, unable to speak, understand or answer any questions. His face and clothes were well covered with blood flowing from wounds upon the scalp, and he was unable to move either leg. Upon examining his back, I found the spine very much distorted, and bent almost at a right angle, the angle pointing backward and the body was paralyzed below this point. He was placed upon some canvass, carried to a boarding house and placed on a bed. After removing the clothing, I found a dislocation of the spine between the seventh and eighth dorsal vertebra.

As this was the first case I had ever seen, I was somewhat at a loss as to the method (if there was any) of reducing it. I finally directed one man to pull from the shoulders, another from the feet, while I made a fulcrum of my leg to hold the centre and to keep the body at the same angle. Failing in that, I tried two men at each end, and found that it did not yield and the fulcrum was insufficient. I then tied a rope around the opposite side of the bedstead, and folding a quilt, placed it in front of the patient, and passed the end back to an assistant, to hold as I directed; then with three men at each end, pulling steadily, the angle being kept about as it was until there was sufficient yielding at the point of dislocation, by coaptation and a gradual loosening of the rope at the fulcrum the vertebræ were adjusted and the spine assumed its normal position.

There was also in this case *severe* concussion of the brain. There were two scalp wounds, one some three inches in length from the occiput, extending along the centre of the left parietal bone, one smaller, upon the back part of the head. As treatment I gave brandy and water until reaction had taken place in a measure, which was about twenty-four hours; the extremities had then become warm, but the pulse remained feeble. I opened a vein in the arm, from which I drew about 1¼ pints of blood, the pulse being fuller and stronger than before the bleeding.

About thirty-two hours after the injury I made four free punctures, two on each side of the spine, immediately above and below the seat of lesion, and, exhausting the air from a large tumbler, applied it, making two applications and taking over one gill of blood. This was repeated every day for four days, then every other day for three days, taking the same quantity each time until the last two.

A laxative was exhibited on the eve of the first day, which operated in twenty-eight hours, but not until after giving two additional doses of castor oil. The urine had to be drawn twice a day. The patient continued delirious all the time, until, on the eighth day, he could be induced to take his nourishment without much difficulty. In ten days he would answer some questions, and knew his sister, who was taking care of him. The sensation in his limbs commenced to return, so that he would resent it if they were pricked. In thirteen days he could move his toes; sensation was improving; he was more rational; and at this time he was removed to Fulton, to the residence of his sister, and passed into the hands of other physicians. Six weeks afterwards I heard from him—that he was able to walk with a cane. In the spring following (six months from time of injury) he was reported to be working and well.

IODOFORM—OXALATE OF CERIUM.

BY F. K. BAILEY, M. D.,
Of Knoxville, Tenn.

In a short paper upon the subject of dysmenorrhœa, in the REPORTER, for Dec. 10th, 1870, I alluded to the use of iodoform in one or two cases of painful menstruation. Since that time I have seen but little notice of the article having been used internally. I have used it in some cases since 1870, with satisfactory results. Made into a pill containing one grain, with extract taraxacum, and given at each meal for a week before the expected period, it will greatly modify the distress which commences twenty-four hours before the menstrual show. It is found to produce a soothing effect, and to obviate a tendency to insomnia. I have never prescribed it internally for any other affection, but presume it will be found to possess an alterative effect. To insure a permanent good result, it should be given faithfully and systematically for months, and if

it is found of benefit, I would advise its use for years.

Painful menstruation has been the bane of female existence from time immemorial. Some claim that they never feel pain to any degree of severity, while others say that in their girl life they suffered more in menstruating, than in subsequent years in childbirth.

Much depends, however, upon the condition of the alimentary canal, in our efforts to prevent or relieve distress at the menstrual period, and each case requires careful scrutiny. It is not always that we can arrive at a certainty in regard to the true condition of the intestinal tube. There is an astonishing want of attention to the matter of elimination, which is second to assimilation in the animal economy.

The combination of iodoform with some laxative will be of benefit, for we seldom meet with a subject of dysmenorrhœa who is not constipated. It is only in anæmic cases that iron need be combined.

I have often applied this substance to ulcerated surfaces, both simple and specific. In balanitic sores, both chancrous and otherwise, it is a soothing application, to precede caustics, as well as to follow their use. It can be made into a cerate, but I oftener put the dry powder to the part, to be dissolved by the secretions. From, perhaps, a limited use of the article, I am favorably impressed with its effects, given internally, and I intend to closely observe them in the future.

The late Dr. Moses, of this city, used iodoform quite extensively as a local application in ulcerations of the os and cervix uteri, both dry and made into a cerate with cocoa butter. I do not think its use is very general in the profession as an internal remedy.

Oxalate of Cerium.

This salt has come into notice since 1850, as we do not find it mentioned in the U. S. Dispensatory of 1849. To obviate the vomiting of pregnancy it was used in Scotland about fifteen years ago, by Prof. J. Y. Simpson. In Braithwaite, Part XL, Art. 109, is found a sketch of its history by that distinguished gentleman.

I began to prescribe it in 1860 for nausea of pregnancy, and also in cases of chronic gastric affections, with gratifying results. I do not now remember a single failure, when given for the vomiting in pregnancy, in all my subsequent practice. During the winter of 1860–61, I met with a case of gastrodynia in the person of a lady who had suffered for years with this affection, which at times would cause, or be concurrent with, hysterical phenomena. A few doses produced decided relief, and the medicine was always resorted to when there were indications of a paroxysm.

A few months ago I was consulted in the case of a young lady who had suffered much for years from cardialgia. Although most commonly felt after a meal, still the paroxysms would recur when the stomach was empty, and often other organs were simultaneously affected. I prescribed oxalate of cerium in doses of one grain, combined with three or four grains of subnitrate of bismuth, and the result was very favorable. As usual, habitual constipation obtained in this case, which required appropriate remedies. One obstacle in the way of treating such cases successfully, is the difficulty in securing a persevering concurrence on the part of the patient. Such affections are often, if not generally, induced by want of system in personal hygiene, and this very lack of attention to the rules of health presupposes a like disregard to the carrying out of a means of cure.

A few days ago I met with a case in which there was nausea and vomiting, attendant upon cough in incipient phthisis. Her usual medical attendant being absent from town, I was consulted, when it was found that she had vomited a quantity of small lumbrici. I prescribed as follows:—

℞.—Santonin, gr. vj;
Subnit. bismuth, gr. xv;
Oxalate of cerium, gr. iv. M.

F. Pulv. No. 4. Sig. One every 6 hours, and a tablespoonful of castor oil after the last dose.

Calling next day, found she had voided a large mass of worms, like a ball, with great relief. The bismuth and oxalate quieted the irritability of the stomach, while the santonin disabled the worms. On the third day she voided a very long round worm, which might have been a progenitor of the multitude.

Lotion for Phagedenic Ulcers.

Prof. Profeta, of Palermo, has found that the application of a solution composed of pepsin, 15 grammes, lactic acid, 3 grammes, and water, 100 grammes, has succeeded in completely curing many of these cases, after numerous other reputed remedies had been tried without any result.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

Service of Dr. R. J. Levis.

REPORTED BY DR. JOHN B. ROBERTS.

Epithelioma of the Tongue—Amputation by the Ecraseur.

Richard C——, aged 50 years, was admitted to the hospital with carcinomatous disease of the tongue, which, according to the statement of the patient, first attracted his attention about three years ago, when he noticed a small lump at the back part of the organ. The affection increased but slowly until six months since, when it assumed greater activity, and, becoming ulcerated, was the seat of a foul discharge, but although the disease involved the root together with the left side of the tongue, it did not materially interfere with deglutition or articulation, and there was not much pain accompanying its progress.

Carcinoma of the tongue is almost invariably epithelioma, and occurs usually in persons beyond middle life, as is the case in the present instance. Beginning as a small tubercle or sore at the side or base of the organ, it gradually increases and involves the surrounding tissues, until finally the whole tongue is one mass of disease, filling up the mouth, obstructing respiration, and preventing deglutition and articulation. As the affection progresses the patient shows unmistakable signs of the carcinomatous cachexia, and at last dies exhausted by pain and constitutional irritation.

As regards diagnosis, syphilis is the only disease that the surgeon is likely to confound with epithelioma of the tongue; and without the exercise of great care a mistake in diagnosis may readily occur, for deposit of gummous matter in the organ presents, in some respects, similar appearance to that exhibited by carcinoma.

In specific trouble, however, there is a syphilitic history, the surgeon will most probably find other evidences of constitutional taint, as nodes and caries, and the disease is generally situated in the middle of the tongue, instead of at the base or edge, as epithelioma. Cancer also gives more pain, interferes to a greater extent with articulation, and is more apt to be followed by lymphatic involvement. If there is still doubt in the mind of the surgeon as to the nature of the case, the influence of anti-syphilitic treatment will afford him valuable aid in arriving at the correct diagnosis.

The general treatment of carcinoma of the tongue, as far as a cure is concerned, is, of course, valueless, but much can be done to palliate the suffering of the patient, by attending to the general health and meeting the various indications as they arise. Excision of the tongue, or of a portion of it, is in most cases justifiable, for it removes the offensive mass from the patient's mouth, and thus frees him from the baneful effects produced by constantly swallowing septic discharges, and at the same time makes his life more endurable to himself and to his friends.

As the disease in this case extends far back to the very root of the tongue, it will be somewhat difficult to get the chain of the ecraseur around the entire mass; but if this cannot be effected through the mouth, it can be done by entering through an opening made below the chin, passing in a large needle with a cord above the hyoid bone, and bringing it out at the same puncture, so as to encircle the diseased mass with a loop of the attached cord, by which the chain of the ecraseur can afterwards be drawn into position. Another method would be to make an incision parallel to the lower edge of the jaw, extending from one facial artery to the other, and then to cut through the mylo-hyoid muscles forming the floor of the mouth.

In this case, however, the operation will be attempted through the mouth. After the man has been thoroughly etherized, the tongue, grasped by the forceps and hooks, is dragged as far forward as possible, and then several long acupressure needles are thrust through the organ behind the parts involved in the disease. It is remarkable how far the tongue can be drawn out of the mouth by this means when the patient is relaxed by the anæsthetic; indeed, it would seem as if the epiglottis were almost brought forward in contact with the teeth.

The chain of the ecraseur is applied behind the needles, which are employed to keep the instrument in position, in order that the whole of the disease can be removed at once. The screw is now slowly turned, and the entire tongue crushed through, with the exception of a narrow portion on the right side, which is not involved in the disease, and is therefore allowed to remain.

The advantage of using the ecraseur in these operations is the freedom from hemorrhage that it secures; which, if the knife were employed, would be severe and hard to control, since it would be impossible to ligate all the small vessels, and the employment of Monsel's solution in the mouth is dangerous, because of the possibility of clots falling into the glottis and producing asphyxia. Notwithstanding the slow crushing action of the chain, it is necessary in this case to apply a ligature to the lingual artery, which must have been divided too rapidly, as it is bleeding quite freely.

The patient shall be kept upon tonic treatment, combined with good nourishing diet, of a fluid character, that will not require mastication.

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The man is now, more than a week since the operation, doing exceedingly well, and there is every prospect of his being much more comfortable than he has been for many months; the ultimate return of the disease, and the consequent death of the patient at no distant period, is, however, to be expected.

EDITORIAL DEPARTMENT.

PERISCOPE.

Operation for the Radical Cure of Hernia.

Mr. Charles Steele, F.R.C.S., Surgeon to the Bristol Royal Infirmary, reports the following case in the *British Medical Journal*:—

George Barwell, aged 8, was admitted, under my care, into the Bristol Royal Infirmary, in May, 1873, with large congenital inguinal hernia of the left side, for the radical cure of which by operation his parents had four years before been advised to bring him to the infirmary when he reached the age of eight years. Having had some cases of union by first intention in operations for strangulated hernia, when Lister's dressing was used, I had regretted that I had not stitched the pillars of the rings together with carbolized gut, and thus probably prevented the return of the hernia. Acting on this idea, I operated on this boy in the following simple manner. I made an incision, an inch and a half long, parallel to and between the pillars of the external ring, and dissected down carefully till the pillars were clearly exposed. I endeavored to roughen their edges by scraping them with the scalpel, and then introduced two catgut sutures at a fair distance from the margins, laying the needle flat against the inner surface of the tendinous tissue, to avoid wounding the peritoneum (both rings being drawn close together, owing to the long duration of the hernia), and tied these ligatures firmly, leaving room for the spermatic cord, cut the ends off close, and then united the skin with the same material and applied the carbolized dressing. The whole operation was performed under the carbolic acid spray. No pyrexia, peritonitis, or bad symptom, followed; slight tenderness only in the wound was felt. The child did well; the deep parts united firmly, the superficial granulated; and, after a week, simple ointment was substituted for the former dressing. All was healed in three weeks. The boy was kept in bed as a precaution for a week longer, then allowed to get up, and soon afterwards to return home to the country, where for six months, without a truss or any support, he played about freely without any recurrence. He was brought up meantime every month, for inspection, on each of which occasions the parts were found quite firm and sound. But, at the end of six months, owing to some unusual exertion, a sudden descent and strangulation took place, and the boy was brought to the infirmary. On examination, the scrotum was seen to be enormously distended, quite four times as large as with the original hernia. It seemed as if all union had given way, and much more intestine than before had been forced through the opening. But, by palpation, I found that the scrotum was full of serum suddenly exuded through pressure on the veins of the cord by a sudden strangulation of the intestine, which proved to be a very small portion. I tapped and drew off the fluid, and, the intestine being returned, the symptoms ceased; yet, during successive days, the gut descended and opened up the orifice to nearly its former size.

My colleagues fully approved of my proposal to repeat my operation, as the case had done well for so long a time; and I accordingly operated as before, introducing three sutures instead of two, and leaving the cord a less free channel. All healed, as on the former occasion, with no bad symptom; but, when the external wound was quite well, I applied a truss with a flat India-rubber pad, and desired that it should be always worn until I ordered its discontinuance. I learned by my former over confidence to give time for effused lymph to become firmly organized.

It is now a year since the second operation. The boy was examined last week, after being without the truss for a day; no impulse could be felt; the deep union was firm, and the boy felt the part well supported.

On Diphtheria.

The London *Medical Times and Gazette*, quoting from Italian sources about an epidemic of diphtheria at Milan, says:—

The following are the conclusions which are drawn from a comparison of the reports of the various health officers of the communes which were attacked by the disease:—1. All the practitioners of the province who have had to treat patients suffering from diphtheria are of opinion that the disease is transmissible and contagious. 2. The disease, unchanged in its characteristic features, becomes alike developed and prevails at all seasons and in all climates, in localities which are dry, with pure air, as in those which are humid, and poisoned by mephitic and palustral miasmata. 3. While it is not exclusively confined to any epoch of life, it has a predilection for early age—*i. e.*, from infants at the breast to children below ten years old. 4. The mortality is largest below five years of age, and goes on decreasing with age and with the decreasing numbers of those attacked. 5. The sexes are alike in liability to the disease and the mortality that attends it. 6. Rigorously speaking, the disease assails in the same proportion individuals belonging to families in easy circumstances and those who are poor; but the former furnish a smaller mortality. 7. When the disease appears in a family or in a house where there are many children, a large portion of these become successively attacked. 8. Although the disease has in many cases presented

itself to practitioners with the symptoms of the angina developed, and in others the primary symptoms, owing to their mildness or to the ignorance of parents, have been overlooked, yet in most cases symptoms of general disturbance have been recognized, and have preceded by twenty-four or thirty-six hours, or even by four days, the appearance of the diptheritic deposit. 9. Death has usually been rapid, taking place in the majority of cases not later than the third day, and accompanied with the symptoms of carbonic poisoning. Deaths have, however, occured on the seventh, tenth, or even the twenty-eighth day, and then with symptoms of albuminous nephritis, paralysis, etc. 10. The mean duration of the disease, when the issue has been fortunate, has usually been from ten to fifteen days. In a few cases which have been attended with consecutive phenomena, months have sometimes elapsed before the cure has been completed. 11. No curative treatment, which can be regarded as at all constant, has as yet been discovered. 12. The measures most to be relied upon are prophylactic, and these are to be sought in the careful administration of public hygienic measures. These, the above journal states, are, in the Milanese province, in a woful state of backwardness.

The Elastic Ligature.

At a late meeting of the London Medical Society Mr. Allingham read a paper "On the Treatment of Fistulous Sinuses by means of the Elastic Ligature." After a brief history of the use of ligatures, non-elastic and elastic, and of the various instruments devised to increase the power of non-elastic ligatures, Mr. Allingham expressed his opinion that, in certain cases, the elastic ligature possessed advantages over the knife, which he recapitulated as follows:—1. The operation is painless, and the subsequent suffering very slight. 2. It is bloodless. 3. There is greater rapidity in the cure. 4. The patient need not keep his bed, nor even remain in-doors. 5. Its peculiar applicability to delicate patients, and to those having a tendency to phthisis. 6. There is usually no anæsthetic required. 7. There is a minimum amount of suppuration. 8. It may be added, the ligature is very often a most valuable supplement to the knife. The speaker enlarged on all these points, and detailed illustrative cases. His experience of the elastic ligature was founded on its use in upwards of fifty cases of very varied character. Mr. Allingham then explained the mode of using his instrument, by means of which the operation was made very easy. (A description and woodcut of this instrument were given in *The Lancet* of the 1st of August last.) He concluded his paper by expressing his conviction that, although the elastic ligature was not likely to supersede the knife in the treatment of various kinds of sinuses, yet it might be considered as a very valuable addition to our surgical armamentaria. After the President had made a few remarks about the crusade against the knife in both the preceding papers, Mr. Maunder mentioned the secondary sinuses which must also be laid open in stricture and fistula in ano. Mr. Allingham, in reply, said, in the cases spoken of by Mr. Maunder, the superficial sinuses, he thought, should be laid open by the knife, and the deep ones by the elastic ligature.

Case of Scald of the Glottis.

The following case, under the care of Dr. Hobart, is reported in the *Irish Hospital Gazette*:—

Ellen M., a strong, healthy-looking child, aged one year and six months, was brought to the accident-room of the Infirmary on Sunday, 4th June, at 6 o'clock in the evening.

The mother stated that the child was in the habit of drinking cold water from the pipe of a kettle, and that having incautiously left the kettle near the fire when it contained boiling water, the child had taken a draught of water from it. The mother said she believed the child had ejected nearly all the water. The interior of the mouth was white and scalded, but there was nothing unusual about the breathing, and the child suffered little pain.

Some sweet oil was given the child to drink, with good effect, and the mother was then directed to paint the inside of the mouth, from time to time, with a quill dipped in the oil, and to bring the child back if she became restless or oppressed in breathing. At 9 P. M. the child was again brought to the accident-room. Shortly after leaving the Infirmary she had gone to sleep, and woke up in great suffering. The face was greatly swollen, and almost purple in color; the breathing was rapid and laborious, making a peculiar grating noise, resembling a snore; the pulse was 110, and the child tossed its arms to and fro in great agony.

The child was immediately carried to the Ward, where Dr. Corby, the House-Surgeon, erected a canopy over the bed, and arranged it quite close to the fire, so that the steam of a kettle could be continually sent under the canopy.

He next ordered two leeches to be applied to the sternal notch (the bleeding to be checked as soon as the leeches fell off), and the following powder every two hours:—

℞ Hyd. subchlor., gr. j.
Antim. tart., gr. ½. M.
Fiat. pulv.

Fresh butter was also ordered to be administered, now and then, by the mouth. Shortly afterwards the child was seen by Dr. Hobart, who approved of the treatment, and recommended its continuance.

21st. Breathing quiet, and not so stridulous; face less swollen; pulse 95. One of Smith's tela vesicatoria was ordered to be applied to the sternum, and the powders were continued.

22d. Breathing natural and easy; pulse

90; stools green; looks considerably improved. Stop the powders.

23d. Discharged quite well.

Remarks.—In the October number of the *Dublin Journal of Medical Science* a case of scald of the glottis is published, by Dr. Corley, almost identical with the above. The mode of treatment in both cases, which it appears was first advocated by Dr. Bevan, in a paper on this subject in the *Dublin Quarterly Journal of Medical Science*, February, 1860, being also nearly the same. Dr. Corley says, as a reason for reporting his case, that he considers that "the treatment which he (Dr. Bevan) recommends, and the value of his paper, do not seem to have been sufficiently understood, or appreciated by writers on surgery." He also is of opinion that the case "speaks trumpet-tongued in favor of the views which my friend, Dr Bevan, deserves the full credit of first submitting to the profession."

Any person who reads Dr. Corley's case and the above, will be at once struck by the similarity between them, both as to symptoms and treatment; and no more conclusive proof of the excellence of Dr. Bevan's paper could be adduced. The case reported appeared hopeless; and the sister, to whose untiring zeal and constant attendance the child, in a great measure, owes its life, declared that she did not believe the patient would have survived two hours after admission. The sister also spoke highly of the soothing effect of the butter, which, being far less nauseating than the oil, was even relished, and greedily devoured by the sufferer.

After two such parallel cases, attended with such success, the administration of calomel and tartar-emetic, and the application of leeches, and a blister, to the sternum, certainly deserves a trial in cases of scald of the glottis; and it is with the view of further recommending this treatment, that the above case has been brought under the notice of the Profession.

The Wet Sheet in Scarlatina.

Mr. John Taylor, M.R.C.S., L.S.A., writes to the *Lancet*:—

Though all agree as to the importance of promoting and sustaining cutaneous elimination in the prevention of cerebral, spinal, and other congestions, and, at a later stage, the disintegration of mucous membranes, dropsy, and glandular enlargements, yet this simple, powerful, and ready-at-hand auxiliary is unappreciated. Forty years' experience has assured me that this plain or medicated vapor-giving envelope affords the best *external* means for eliminating scarlatinal poison and preventing destructive sequelæ. It promptly suppresses pyrexial heat and itching; produces sleep, with a soft secretive skin, more or less continuously; and enables the digestive organs to accomplish that great desideratum in the treatment of scarlatina, viz., absorption of highly nutritious food. It may be repeated, on the recurrence of the febrile paroxysm, two, three, or four times in twenty-four hours, the patient remaining enveloped from half an hour to an hour. Mothers and nurses who have witnessed its efficacy are most earnest in its repetition. My plan of procedure is to immerse a nightgown, slit up at the front, in hot water (half a pint to a pint), pure, or medicated with a drachm or two drachms of tincture of capsicum, or in the infusion of three or four pods; or in mustard water, the clear supernatant fluid from a tablespoonful of mustard to a pint of water; extending the gown over the feet by means of a towel immersed in the same fluid, both to be well wrung out and suddenly applied, and the patient quickly packed in two blankets previously placed on the adjoining sofa or bed; another blanket, or two pillows, or an eiderdown quilt, covering all.

The medicated packing is preferable in the incipiency, and at any other time, to evoke the rash, and in cases of cerebral oppression, with pale skin, low pulse, and delirium. Last month I had a case of this type, in which the mustard packing was applied. It did not elicit the rash, but it cured the delirium, raised an alarmingly depressed pulse, and restored the excretions. This effect was solely dependent on the medicated packing, as the patient, a girl of thirteen, could not swallow medicine or food, and enemata had not then been administered. With the aid of a tonic she made the best recovery of three in the same family, and had no sequelæ.

Intravenous Injection of Chloral.

Notwithstanding the strong disapprobation expressed at the Paris Academy of Medicine and Society of Surgery, of the practice of inducing anæsthesia by the intravenous injection of chloral, as pursued by Prof. Oré, of Bordeaux, says the *Medical Times and Gazette*, it is still continued, both in that city and in Ghent. According to a communication made to the Belgian Academy of Medicine by Professors Deneffe and Van Wetter, of the Ghent University, the injection has now been made in eleven instances, and always with success. The duration of the procedure has varied from six to thirteen minutes, in two of the cases only having exceeded ten minutes. The quantity of chloral injected has varied from one and a half grammes to twelve grammes (water three parts, chloral one part), the state of absolute anæsthesia having lasted from twelve to thirty-two minutes. In one case it lasted three hours, but in that twelve grammes had been injected. In another case, when nine grammes were injected, it lasted an hour. After the completion of the operations the patients slept for hours, or even for a whole day, with only interruptions from time to time, lasting for some minutes. In none of these cases did any ill effect arise, while the patients were free from vomiting, even although they might have recently eaten; and insensibility is produced without the occurrence of the stage of excitement which always precedes this in the ordinary mode of employing anæsthetics. These advantages, conjoined to

the rapidity and certainty of the action of the chloral when injected into the veins in doses which can be exactly determined, lead MM. Oré Deneffe, and Van Wetter to regard this method as very superior to the induction of anæsthesia by inhalation.

Full particulars are given of Prof. Deneffe and Van Wetter's last case, in the *Presse Médicale Belge*, for October 4. In this the anæsthesia was induced for the removal of cancerous disease of the rectum, the patient being in a very dilapidated condition. Profound anæsthesia continued during two hours (seven grammes and a half of chloral having been employed); and two days elapsed before the patient had entirely passed out of the state of subsequent somnolence. No accident whatever occurred.

The Parasitic Origin of Disease.

The London *Medical Times and Gazette* contains a notice of a recent work on this topic by Dr. Déclat.

His doctrine is very clearly given in the form of introduction, which is to the effect that all diseases are due to the development, *in* or *on* the body of man and animals, of animalcules that are microscopic or visible to the naked eye —that is, parasites—bearing an absolute resemblance to the ferments that disorganize organic matter. This theory as applied to certain diseases, is, according to Dr. Déclat, founded on direct observation; to others, on striking analogies, and on all the other medical doctrines that have remained unexplained save by the parasitic theory. Parasitism, he adds, explains contagion, miasmatic influence, the action of viruses, etc. The ferment germs, floating in the air or placed in contact, in certain conditions, with our organism, are developed in it and alter its functions. Such, according to Dr. Déclat, is the origin of epidemic, endemic, or sporadic diseases. The first are due to the invasion of animalcules wide-spread in the atmosphere, like the myriads of inoffensive flies, which, in the spring of 1872, so infested Paris, or like the clouds of locusts which are sometimes observed in Algeria. Endemic diseases, intermittent fevers, yellow fever, etc., are to be traced to centres of putrid fermentation, from which they derive their living germs, the parasites, which are unanimously acknowledged by scientific men to be the cause of these affections. As for sporadic maladies, Dr. Déclat remarks that these do not prevail equally as regards time, place, and seasons; and the proof that they also are of parasitic origin, is, that many animals and vegetables are generated and developed at certain determined periods and places. This theory being admitted, the period of incubation, which precedes the appearance of disease, may be thus explained: as the germ or morbific ferment introduced into the system requires a certain time to reach the active phasis of its existence, so the duration of the stage of incubation varies according to the species to which the parasite belongs. In the same way is the duration of the incubation of the eggs of different oviparous animals variable. Moreover, the development that follows incubation is more or less rapid; hence we have acute and chronic affections.

Syrup of Bromide of Iron.

Mr. M. H. Stiles, M.P.S., says, as quoted in the *American Journal of Pharmacy*:—I noticed in a recent number of the Journal a formula for syrup of bromide of iron, taken from a French paper on the subject. About six weeks ago I had occasion to prepare some of the syrup for a prescription. This was made to contain three grains of bromide of iron in each fl.℥, which, from inquiries I have since made, is the strength usually recommended in this country.

The syrup made by M. Prince is only about one-seventh this strength, and is scarcely in accordance with English ideas of what such a preparation should be. The following is the process I adopted:

℞. Thin Iron Wire, free from rust, ℥ss.
Bromine grs, cccxx.
Distilled Water, ℥j.

Put the wire and water in an eight-ounce flask, the lower portion of which is placed in a vessel of cold water, add the bromine gradually, corking the flask after each addition, and taking care that one portion is neutralized before another is poured in. When all the bromine has been added, heat the flask gently until the brown color disappears, and filter the solution, whilst hot, through paper; wash the wire with a little distilled water, filter the washings, add them to the filtrate, and make the resulting liquid measure fl.℥ij. Mix this with fl.℥xvj. of syrup. One fluid-drachm contains three grains of $FeBr_2$.

If the flask be not kept cool, and the process controlled in the manner directed, the action becomes so violent that a considerable portion of the bromine is lost.

Bromide of iron is also given in combination with bromide of quinia or bromide of strychnia, or with both, the amount of these in fl ℥j of the syrup being one grain and $\frac{1}{12}$ grain respectively.

Treatment of Typhoid Fever.

The *Practitioner* quotes from the *Journal de Medecine*, that the development of typhoid fever in many parts of France has attracted particular attention to its treatment. The enthusiasm expressed by the physicians of Lyons in regard to the advantages to be obtained by treatment with cold baths has not met with much approval in other quarters. In the clinique of M. Siredey a general method of treatment has been adopted, which seems to have given good results. He gives in the first instance, especially in those cases in which the gastro-intestinal symptoms (coated tongue, nausea, and diarrhœa) are present, twenty grains of ipecacuanha, with half a grain of weak tartar emetic, wine and water for drink, and beef tea. The next day,

julep of gum, four ounces, with thirty grains of liquid extract of cinchona, taken in divided doses, and an injection containing vinegar or carbolic acid. Several times a day the mouth of the patient is very carefully cleaned with a slice of lemon; morning and evening the body is sponged with a lotion containing vinegar, and is immediately rolled up in wool. This proceeding is peculiarly grateful to the patient. A glass of Seidlitz water is often given in the course of the disease, and as convalescence sets in quinine is ordered in all its forms. Of twelve cases thus treated, all recovered. A point open to question is whether cold affusions do not tend to produce intestinal hemorrhage. M. Miramont de Mery (Savoy) suggests, as a means of reducing temperature, air instead of water baths. The patient is placed on a hair mattress, covered only by a sheet, and in the middle of a large room. The bed should be changed several times a day, and in the event of delirium or exacerbation of the febrile symptoms, the patient is to be made to walk about in his shirt till he is cold, when consciousness will return.

Alopecia Successfully Treated by Local Stimulants.

Dr. Rose writes to the *British Medical Journal*:—

A married man, aged 54, with a large family of perfectly healthy children, had always enjoyed good health until about a year previously, when he experienced a sudden and severe nervous shock. Shortly afterwards, he first noticed symptoms of baldness, his hair becoming thinner and falling off, particularly over the head; so much so, that in a few weeks his scalp presented a perfectly shiny appearance, with no vestige of hair left, rendering the use of a wig necessary. The disease continued gradually to spread, until the whole of his body was more or less implicated. When he applied to me, he stated that he had been under treatment for some months, but with no benefit; and, to use his own words, "had been discharged as incurable." On making a careful examination of his body, I found a condition of almost general alopecia to exist, the skin having a uniform white, smooth and shiny appearance. I put him under a strictly nutritious and digestible dietary, and prescribed tonics to improve his general health. Locally to the scalp I painted on some blistering fluid, repeating the application once a fortnight, and ordered the following lotion; carbonate of ammonia one drachm, tincture of capsicum one drachm, rectified spirit one ounce, glycerine one ounce, rose-water to eight ounces, to be applied freely over the body night and morning. For two months I could distinguish no appreciable improvement in his condition; but, after that period, new hair, very silky and quite white, began slowly to grow, and became thicker and stronger until the body and head assumed all the appearance of health, being well covered with hair over the different regions, although the color of that hair, originally dark brown, was now permanently quite white. In this condition he was discharged as cured after seven months' treatment. About three months afterwards I met him, and he stated that he had experienced no return of the disease in any way. I may here observe that, in this man's case, there was no history of acquired or congenital syphilis, or, in fact, any apparent cause for the disease beyond the shock he mentioned.

Multiple Neuromata Cured by Division of a Nerve Trunk.

The following case by Professor Kosinski, of Warsaw, occurs in the *Centralblatt für Chirurgie*, and is translated in the *London Medical Times and Gazette*:—

A. B., aged thirty years, attended the Professor's hospital practice on account of painful knotty tumors in the lower extremity, which he said were small and painless when he first noticed them, but afterwards, whilst he was performing long military marches, they increased in size and became painful,

On the upper and outer surfaces of the thigh, as low as its lower third and over part of the buttock, were scattered small, hard masses, round or oval in shape, and varying in size from a pin's head to a hazel-nut. They were apparently situated in the corium, and felt hard for the most part; but the larger ones were elastic, semi-transparent, and more clearly defined, and appeared more closely connected with the skin, which, round them, was dry, rough, and desquamating. Pressure on the tumors, but especially the larger ones, caused intense pain, radiating in all directions. Scarcely any was felt when the limb was kept completely at rest.

To determine the nature of the tumors, which seemed to be of the connective tissue type, one of the most painful was removed with the patient's consent. Microsopic examination showed that it consisted of gray nerve fibres mixed with fibrous tissue, indicating the probable origin in the cutaneous extremities of a nerve, and from the position of the tumors the nerves affected were obviously the small sciatic and part of the external cutaneous.

The orthodox drugs, mercury, iodine, and preparations of sulphur, were completely powerless. There seemed no possibility of removing them by the knife or cautery, and so Professor Kosinski determined upon excising a piece of the nerve, as near as possible to its origin, with the view of rendering the tumors painless, but without any expectation of diminishing their size. By an oblique incision, almost in the direction of the gluteal fold, the small sciatic nerve was reached, and a portion of it, an inch long, was removed as far as possible under the edge of the gluteus maximus. The oblique incision was preferred to a perpen

dicular one, as it made the discovery of the nerve much more simple.

The immediate effect of the operation was the loss of sensibility in the tumors themselves, as well as in the whole region occupied by them. A few of them, however, on the anterior and outer parts of the thigh and in the sciatic region had their sensibility only partially destroyed. Whilst the wound was granulating they began to dwindle; and so rapidly did this take place that at the end of the few weeks that the patient remained under inspection the larger ones had been reduced by a half and the smaller ones had almost completely disappeared. In this state he left the hospital, and Professor Kosinski was informed by the physician under whose care he afterwards came, that at the end of four months the process of disappearance was still going on, and that those which remained had become completely painless.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Geo. M. Beard, of New York, is one of our most active medical writers. Within the last few weeks there have appeared three reprints of his; one entitled "Cases of Hysteria, Neurasthenia, Spinal Irritation, and Allied Affections," from the Chicago *Journal of Nervous and Mental Diseases;* one on "The Treatment of Marasmus, Whooping Cough and Debility in Children by Electricity," from the Detroit *Review of Medicine and Pharmacy;* and a third on "The Longevity of Brain Workers." The latter is entertaining, though the only new point it brings forward is a contradiction of the general idea that precocious children are short-lived. Whether Dr. Beard's view here is correct, we shall not at present discuss. But we do not concede that clergymen are to be classed among brain workers; and so far as his arguments are drawn from that class, they fail. Dr. Beard himself agrees, in a concluding note, that clergymen live largely in a world of emotion (which is quite the reverse of intellectual effort); and we are sorry to add that his psychology is so loose that he adds, in explanation of their frequent addiction to sexual vices, "their faith is their ruin; they fall through their very virtues." This is a statement at once shallow and injurious.

——Dr. Ely McClellan, U. S. A., has had republished, from the first volume of the Transactions of the American Public Health Association, an interesting account of the Epidemic of Cholera during the summer of 1873, in the State of Kentucky.

BOOK NOTICES.

Fifth Annual Report of the Secretary of State of the State of Michigan, relating to the Registry and Return of Births, Marriages and Deaths for the year 1871. Lansing, 1874. pp. 376.

It seems somewhat late to produce a report for 1871, but its well-digested character makes up for the delay. There are many difficulties in organizing the work of collecting vital statistics in this country, and with praiseworthy diligence the State of Michigan has set about it in earnest. The superintendence of the statistics has been in the hands of Dr. H. B. Baker, a gentleman in every way qualified to supervise the labor, and do it well.

The tabulation indicates a gratifying increase of accuracy on the part of the local authorities, although there is still an obvious lack of that precision and promptness which characterizes similar returns in the best regulated countries of the old world.

Dr. Baker reiterates an important conclusion which he arrived at in his previous observations on the birth rate, to the effect that what causes increase in this rate, increases the proportion of female offspring. This is a singular fact, and tempts one to various speculations on the general causes of the difference in sex. Many other practical views will be found discussed in the volume, which well merits attentive examination.

A Sketch of the Early History of Practical Anatomy. The Introductory Address to the Course of Lectures on Anatomy at the Philadelphia School of Anatomy. By William W. Keen, M. D., etc. Philadelphia: J. B. Lippincott & Co. pp. 43.

This is a carefully composed summary of the progress of anatomical studies since the revival of learning, and gives a vivid impression of the vastly greater advantages students of the present day enjoy over their predecessors in earlier generations. Somewhat more prominence, it strikes us, should have been given to the French anatomists, especially the Montpellier School, which had public anatomical demonstrations as early as 1376, and long before any other trans-Alpine university.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JAN. 9, 1875.

D. G. BRINTON, M. D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

NATURE OF NERVE FORCE.

In one of JEAN PAUL RICHTER'S novels—if our memory serves us rightly, in that one called *Der Comet*—the hero is said to have had, when a boy, a peculiar light visible around his head when in a darkened room, something like the aureole or nimbus, with which the old painters used to represent divine or saintly personages. RICHTER, who in such matters faithfully followed the extraordinary in nature, gives, as his wont is, various references to medical works wherein such a phenomenon is mentioned. There is indeed no question of the correctness of such observations. But the explanation of the phenomenon has been insufficient.

Dr. BROWN-SEQUARD, in a recent lecture, quotes an analogous phenomenon. He remarks that there are animals which are phosphorescent, and which are so under an act of their wills, so far as we can judge, and under the influence of the nervous system; so that light also can be evolved as a transformation of nervous force. There are cases of consumption in which light has come from the lungs. The fact has been pointed out by Sir Henry Marsh and other physicians. The light appears not only at the head of the patient, but it may be radiated into the room. It has been considered that the light was only a peculiar effect of the mucus that came from the lungs of the patient.

Dr. BROWN-SEQUARD continues:—"It is not likely that this is the case, because mucus in greater quantity is evolved, and all sorts of mucus, from the chests of the people, every day, without any such phenomenon. I have read the history of each individual case of the kind, so far as I have been able to get it, and in every one of the cases, the patient, I find, was in a terrible state of nervousness."

If this were shown beyond a peradventure, our theories of nerve force would undergo material alterations, as it would at once come into the category of the FORMS of MOTION, and be seen to be a correlate of light, heat, etc.

To this investigation seems tending, but no one can aver that it has been proven.

Notes and Comments.

Medical Methods and Medical Progress.

In some lectures lately delivered by Professor Peters, of Montpelier, there are some observations worthy of diligent attention. He remarks:—

"To change our medical methods every quarter of a century is not really progressing; the organism of patients does not change once in twenty-five years. Such improvements lead to confusion, and the victim of these changes is not the physician, but the patient. . . . In most complaints the actual material lesion does not lead to proper treatment; it is rather the reverse, and simply because we have but seldom direct means of acting upon this lesion; it is only through the general treatment that we succeed in reaching it. General treatment acts upon the lesion, whether the latter be of a syphilitic or a gouty nature. In pneumonia, for instance, pathologists ascertain that so many square inches of lung are attacked, and here they stop; although everything is in a morbid condition in a patient suffering from pneumonia. No doubt the lung is functionally disturbed; but the whole organism is, on the other hand, functionally out of order. The lesion is not the whole disease; thus one patient will die with a slight lesion, and another recover with more extensive lung mischief. The disease lies much more in the general condition, in the symptoms taken as a whole, in the accompanying fever, than in the functional disturbance excited by the lesion. Thus we should direct our attention more to the pneumonic patient than to the pneumonia."

Cubebs in Diphtheria.

Dr. Reignier, of Surgères, reported in *La France Médicale* (quoted in the *Irish Hospital Gazette*), a case of nasal diphtheria in a boy, aged 10 years, which he, two years previously, had successfully treated by the administration of a gramme of cubebs morning and evening; at the same time supporting the patient's strength, which was at the lowest ebb. There was an enormous quantity of albumen in the urine; and it was with the object of checking this drain from the system, that Dr. Reignier, calling to mind the action of cubebs on the kidneys, prescribed that drug, with a success which he was far from hoping for. He has since treated seven other cases of nasal diphtheria in a similar manner, and with a like success; and, therefore, thinks that he may now, without rashness, recommend its adoption. It would be prudent, he adds, to give the cubebs in these severe cases before the albumen made its appearance in the urine.

Valvular Insufficiency in the Femoral Veins.

We see in an English exchange that Professor Friedreich has lately pointed out that the above condition is a serious one, inasmuch as it favors the development of varix and œdema of the legs, and may give rise to profuse venous hemorrhage in operations on the upper part of the thigh. The valvular insufficiency, which is not uncommon, may be detected by rotating the thigh outward, and laying the finger lightly on the upper part of the vein, immediately below Poupart's ligament. If the upper valves are insufficient, there may then be felt a strong whiz when the patient gives a short cough or otherwise rapidly contracts the abdominal muscles. Under the same circumstances the ear, instead of the finger, may detect a deep bruit.

The Olive Crop.

Olive oil is produced in large quantities in Tunis. The olive crop has been so abundant during the past year that as many as 3472 tons, of the value of $629,465 have been shipped to Great Britain, France and Italy. The tanks in Tunis containing the oil are said to be capable of holding 6000 tons. It is now contemplated to try the effect of a steam mill for the purpose of manufacturing the oil.

Behavior of Medical Students.

In very satisfactory contrast with the turbulent scenes in the medical schools of St. Petersburg, Paris and Vienna, which have been reported this winter, is the decorum which has prevailed in the many hundred students assembled in this city.

A writer in the *Public Ledger* justly says:—

When the students leave the college and disperse to their several stopping places, their behavior is always quiet and orderly; and no greater proof of their good conduct can be given than the ease with which they obtain

board. We fancy that it would prove a difficult undertaking to bring together any equally large number of men, promiscuously selected, who would behave any better under similar circumstances. For our own part, we must say (and we have seen a great deal of young men, and especially of students) that, to meet with a more orderly and good humored lot of men than those this winter studying under our great physicians has rarely been our good fortune.

Leeches for the French Army.

The number of leeches required for the French army hospitals exceeds 100,000 per annum. The supply for the next three years is about being contracted for, at an average price of 125 to 135 francs the thousand.

A special commission is charged with the care of receiving the leeches from the contractors and verifying the number and quality. They must be of the kind denominated *vertes* (green), or *grises* (grey), from either France or Hungary, or of the description called *dragon*, from Algeria.

After being counted, they are placed on a horse-hair sieve to drain; the largest ones are taken one by one and made to disgorge, as they are not accepted when they contain more than fifteen per cent. of their weight in blood.

After this operation, the leeches are weighed; a thousand should reach 1750 grammes, while their individual weight should be, for the smallest, one and a-half grammes, and for the largest, not over two grammes.

Taking as a basis of cost 130 francs the thousand, the total of the three years' contract should reach nearly 40,000 francs.

On the Right Management of the Puerperal State.

Says a writer in a cotemporary:—It is the conviction of the writer that the conditions favorable to a rapid recovery from childbirth are the very opposite of those ordinarily enjoined. First of all, "let there be light." There is no reason in the world why, as a rule, the patient should be kept in a darkened room. Let there be, if possible, an abundance of cool and refreshing air circulating through the chamber. Let the patient be plentifully supplied with good solid food—no slops. Let her be removed from the bed to the sofa on or before the third day. If she be accustomed to the use of a cold bath, let her take one on or before the fifth day, and at the end of a week she will in all probability be thoroughly restored.

Vanilla from Pine Tree Bark.

Among the late wonders of chemistry is the obtaining of vanilla flavor from pine tree bark. The *Chemist and Druggist* says:—

"Chemical investigation will ever result in new discoveries, and the most interesting of late is probably the conversion of coniferin into the active principle of vanilla, by Messrs. Tiemann & Haarmann, of Berlin. In their communication the authors commence by describing the preparation of coniferin ($C_{16}H_{22}O_8$), the raw material used being the juice from recently felled and barked pine-trees in spring time. This is split up by digestion at a gentle heat, with a small quantity of emulsion. The vanillin thus obtained ($C_8H_8O_3$) is at first inodorous, but in the course of time acquires a faint odor of vanilla.

Supplemental Nerve Force.

A surgeon of Lyon, M. E. Letevant, has demonstrated, in a work published in Paris, the following interesting propositions:—When a certain group of muscles, supplied by a particular nerve, are paralyzed as the result of a section of that nerve, the motions properly belonging to this group of muscles are not in all cases wholly abrogated, adjacent muscles, supplied by unaffected nerves, being capable of accomplishing some part of the actions, even though feebly. Similarly, when a sensitive nerve is divided, there is not total loss of sensibility experienced throughout the entire region of its anatomical distribution, the sensation being preserved, more or less feebly, either by means of the anastomoses of adjacent nerves, or by the conveyance of impressions indirectly to healthy neighboring cutaneous papillæ.

The Taxis in Hernia.

Professor Max Scheide recommends the following plan as always successful. When the patient is deeply under the influence of chloroform, and a definite diagnosis as to the nature of the hernia has been arrived at, he proceeds in the following way:—With the thumbs placed together he exerts powerful pressure on that side of the rupture which appears nearest to the aperture through which it has emerged, moving it first to one side and then to the other, and

pressing on the top of the tumor only when it is a very small one. In his successful cases he seldom takes more than five minutes, and never more than a quarter of an hour; "but during this time," he says, "I have always employed a much more considerable force than I have ever seen used by others, or than most would consider justifiable."

Silica in Cancer.

In the November number of the Edinburgh *Medical Journal* Mr. Fawcett Battye narrates his experience with an entirely new remedy in cancer. This is silica, powdered very fine, and administered internally twice or thrice a day, in one grain doses, combined with a third of a grain of morphia. He found it to diminish the pain in a very marked degree, and by the tenth day to disperse it altogether. He does not precisely claim, however, that the patients recovered. They were relieved and benefited, and when they took it continuously, the disease was retarded. No satisfactory explanation of its action is advanced.

A Sexualism.

A writer in the *Woman's Journal*, published in London, says: "There is growing up in England a large class of women who do not marry, who apparently do not wish to marry. They deliberately devote themselves to literature, to teaching, to some trade, generally an artistic one, at any rate to some occupation that gives a livelihood and tends to culture, and this they choose for life. The marrying instinct seems dead, or rather never to have been born in them."

This is probably a true statement, but it is not one on which we can congratulate ourselves. The physiologist cannot but look on such a conquest over nature's rules as portentous of ill results.

Permanence of Vital Power.

In clearing away the refuse from the ancient silver mines of Larium, in Greece, a large number of seeds of a papaveracea of the *Glaucium* genus were found, which must have been buried there for at least fifteen hundred years. Exposed to the beneficent influence of the sun's rays, they rapidly took root, flourished, budded and blossomed, their yellow corollas being beautiful in the extreme. This interesting flower, unknown to modern science, is particularly and frequently described in the writings of Pliny and Dioscorides, and is thus again resuscitated, after having disappeared from the surface of the globe for more than fifteen centuries.

Correspondence.

Hypochondria from Nervous Strain.

Ed. Med. and Surg. Reporter:—

I have charge of a young professional gentleman whom I have been treating for general hyperæsthesia, caused, I think, by extravagant sexual indulgence. He was married about three years ago, and about three or five months subsequent to that event he was suddenly seized with vertigo, and a tingling sensation in the lower and upper extremities, and an indescribable misery running from his head to his spine. At this time his greatest dread was paralysis. He acknowledged that he had indulged excessively in sexual pleasures—daily, or two or three times daily.

I prescribed the following:—

℞.—Chloral hydrate, ʒij;
Simp. syr., ℥j;
Aquæ, ʒij. M.

Sig. Tablespoonful every hour until quiet.

Saw him again the next day. The chloral had quieted him sufficiently to afford a few hours' sleep during the previous night, but he was now very restless and agitated again, and I prescribed:—

℞.—Bromide potass., ʒj;
Tr. valerian, ʒij;
Aquæ, ʒiv. M.

Sig. Dessertspoonful every two hours.

Called again in the afternoon; medicine had had no effect; ordered the dose doubled. Called the next morning; medicine had still had no effect. I tried to explain to him that his case was entirely free from danger, and that by leaving off his injudicious habits he would eventually wholly recover. This seemed to cheer him, and he remained buoyant for several hours, and then gradually drifted back into a monomania. He would now fear a dangerous hyperæmia of the brain, and would want his temples cupped, and cold applied to his head. To-morrow he would dread insanity, and the next day epilepsy.

As soon as he was able to leave his bed, he started to his old home in the east, Kentucky. In three months he returned to this place, somewhat improved, but still very nervous. He said that he had never passed a happy hour except when under the influence of a narcotic, an alcoholic stimulant, or his mind pleasantly occupied, since he left Bolivar, three months before. From that time to the present the remedies prescribed have been such as are calculated to improve his general health—iron, nux vom., pepsin, etc. He looks well, and says that he weighs about as much as he ever did, but he still finds it impossible to

read anything on the subject of insanity, epilepsy, or disease of the heart. He acknowledges that his disease is of a hysterical and hypochondriacal nature, but that it is unavoidable, irresistible, and that it makes him at times, even now, indescribably unhappy. He is a young man of intelligence, and if anything can be done for him I should be glad to know what it is. Will you or some of your readers give us an article on the manner of applying massage in these cases? There are hundreds of cases very much like this, but none that I have seen in which I take so much interest. He is now using wine, native wine, which he says quiets him, agrees with his stomach, and does not unduly excite his nervous system. Will this do him any harm in doses sufficient to keep him exhilarated?

Very respectfully,

Bolivar, Mo. WM. TANNER, M. D.

Aneurism of the Descending Aorta.

ED. MED. AND SURG. REPORTER:—

I was called, on the evening of the 21st of November, 1874, to attend Mr. David C. Leper, who was suffering from a supposed attack of hæmoptysis. I prescribed gallic acid, ten grains to be taken every three hours. I saw Mr. Leper on the morning of the 22d inst. I was summoned to his bedside in great haste. On entering the room I found him vomiting freely large quantities of black, clotted blood, turned black, I suppose, by the gallic acid. The vomiting continued about ten minutes, when he expired. It appears that nearly all the blood in the system was discharged, causing his death.

Mr. Leper was a medium-sized man, forty-eight years of age, of rather a sallow complexion, denoting organic disease. He had enjoyed apparent good health till three years previous to his death, when he complained of difficulty in breathing and indigestion. I made an examination at that time and ascertained that a dilatation of the heart, with regurgitation, caused the difficulty, and treated him accordingly. An autopsy was held by Dr. Zielley and myself, twenty-four hours after death. On examination we found an aneurism of the thoracic aorta opening into the œsophagus. The opening was in the anterior wall of the aorta, large enough to admit the middle finger, and must have been of long standing. The tissues between the artery and the œsophagus formed a sac, which contained a large coagulum of blood. The continued pressure against the posterior wall of the œsophagus caused the rupture, allowing the blood to flow into and through the œsophagus into the stomach, which caused the free vomiting of blood. The coagulum of blood found in the sac was a strong fibrinous clot, partially adhered to the walls of the sac; the detached part of the clot allowed the blood to pass between it and the œsophagus. There was dilatation of the left side of the heart, with softening of the aortic valves. The right side was normal. I have no comments to make on the case. Similar cases have been heretofore reported, but they are of so rare occurrence I thought it would be well to report this one to confirm the symptoms generally present in that organic affection.

Chilton, Wis. DAVID LA COUNT, M. D.

Chapman's Spinal Hot Water Bag in the Treatment of Uterine Hemorrhage.

ED. MED. AND SURG. REPORTER:—

December, 1st Mr. L. called at my office, and stated that his wife was suffering from a continuous, painless, increasingly copious discharge of blood from the vagina, not relieved or lessened by the recumbent position; worse during the previous night than at any time before. The discharge had lasted since October 14th, ult., at which date, assisted by Dr. E. H. Parker, of Poughkeepsie, I had attended her in a miscarriage; I may state that at that time an arm came down into the vagina; podalic version was required, and an adherent placenta was removed, piecemeal, but completely. I visited the patient during the succeeding ten days, and was always assured that all was as it should be, by the nurse. The husband also stated that at no time had the hemorrhagic discharge been offensive. I furnished him with a hot water bag, directing him to apply it over the lumbar and sacral regions. On the 3d of December I discovered the bag lying upon my table, but no message or explanation. Upon inquiring of Mr. L. at his home, he informed me that he had followed my instructions, applying the bag at 3 P. M., refilled and applied at 9 P. M., upon retiring, and the discharge ceased during the night. It has not since reappeared. J. C. C. DOWNING, M. D.

Peculiar Periodicity in Hemorrhage, Simulating Vicarious Hemorrhage.

ED. MED. AND SURG. REPORTER:—

L. M., Frenchman, æt. 38 years, married, medium height, fair complexion, sufficiently muscular, of a lively disposition, decorator on porcelain, to all appearances in the enjoyment of perfect health, consulted me on the 16th September last. I will translate *verbatim* his words, from his inability to express himself in the English language.

"I have been for nearly eleven years suffering from hemorrhage, regularly *every thirty* or *thirty-one* days, at times in considerable quantity, from either the rectum, lungs, or nostrils, and should the said hemorrhage not appear at these parts, blood will spout from beneath my tongue, or from any pimples that I may have on my face. I am perfectly free from this affection, even though I have an abrasion of the skin or cut, at any other period. I am well, eat well, and sleep well. Yet my fear that this state of matters will at some future date undermine my constitution, induces me to wait upon you for medical advice. I may add, *en passant*, that I have been treated in Paris for this complaint, without benefit, and the medical men amused themselves by calling me by the *sobri-*

quet or nickname of 'l'homme femme,' or man woman."

Finding this case as curious as it was interesting, I had the patient examined by Drs. McCann, J. B. Murdock, and Rhodes.

Pulse 80; the anæmic whif was distinctly audible in the heart's action; the abdominal parietes normal; no turgency in the veins could be discerned. Nothing, in fact, seemed to indicate a cause. Collectively we were of opinion that the patient labored from a sluggish portal circulation. In consequence, the following was prescribed:—

℞. Tr. calamelanos, grs xx.
Pulv. opii., grs.ij. M.

Divide into two powders, one to be taken immediately and the other on the third day.

℞. Ol. terebinthinæ, ♏.xxx.
Tinct. opii. ♏.xv. M.

To be taken three times a day.

The hemorrhage has completely disappeared. Orders were given to keep the bowels free, in case of head symptoms supervening. The patient is well, having passed three months without any appearance of the discharge.

JAMES MACFARLANE, M.D., Edin., L.R.C.S.E.

Pittsburg, 31 *Ninth st.*, *Dec.* 17*th*, 1874.

Poisoning by Wall Paper and Opium.

ED. MED. AND SURG. REPORTER:—

In your editorial (in No. 21) on Poisoning by Wall Papers, you cite a case as reported in the *Lancet*, October 17th, by Dr. Allbutt. I saw a similar case in the year 1844, thirty years ago, when a student of medicine in Heidelberg, Germany. A young fellow student, and an intimate friend of mine, was taken with what was diagnosed as a case of status gastricus, or pituitosus, or premonitory symptoms of typhus, a disease which was then prevailing with the students at that University. The symptoms were disturbance of digestive organs, peculiar taste in the mouth, burning in the stomach, incessant nausea, great thirst, and great debility. The green-colored wall paper in the sleeping room of the patient attracted my attention, and I examined some of it in Professor Possett's laboratory, under his supervision, and we found that the wall paper contained arsenic. The attending physician, one of the medical faculty of the University, had the patient immediately removed, and he recovered in a very short time. It was at that time well known that arsenic was frequently used by the manufacturers to produce the green color in wall paper, and, therefore, paper of that color was seldom used in sleeping rooms.

I will add another case of opium poisoning successfully treated by belladonna, to the cases reported by Dr. T. C. Smith. The patient, an infant, two and a half months old, and of feeble health, took about 12 drops tr. opii, at 3 o'clock P. M., November 6th, 1873. At 7 P. M. found complete coma, cold, clammy skin, imperceptible pulse, feeble respiration, swallowing impossible, and apparent collapse. Before I arrived, coffee, warm bathing, with cold douches, sinapisms and applications of ice to the head, had been used. I made, immediately, a hypodermic injection of one drop fluid extract belladonna, with ten minims of water, and repeated the dose twice within one hour; continued external treatment, and constant moving and shaking of the child. At 11 o'clock P. M., pulse more perceptible, skin warmer, child swallowing again. At 10 o'clock next morning took the breast again. Recovered.

Lebanon, Ill. A. BERGER, M. D.

NEWS AND MISCELLANY.

Meeting of the Alumni of the Albany Medical College.

The second annual meeting of the "Association of the Alumni of the Albany Medical College" was held in the city of Albany, on Tuesday, December 22d. The following officers were elected for the ensuing year:—

President.—Dr. Jno. Beech, ('41), Michigan.

Vice-President.—Drs. Mon. D. Hall ('41), New York; B. A. Mynderse ('53), New York; Alex. Shilard ('53), New York; Sol. Van Etten ('53), New York; Chas. L. Spencer ('53), Massachusetts.

Secretary.—Dr. Willis G. Tucker ('70), New York.

Treasurer.—Dr. G. L. Ullman ('71), New York.

Executive Committee.—Drs. H. D. Didama ('46), Wm. S. Young ('41), Jos. H. Sloon ('49), Jos. S. Bailey ('53), M. H. Burton ('53), Jno. H. Hill ('53), Chas. H. Burbeck ('59), N. P. Ten Eyck ('66), J. H. Blatver ('72), Oscar Myers ('73).

The address of the retiring President, Prof. Didama, of the Syracuse University, was listened to with much interest. In the evening the Association partook of its annual supper, at the Delavan House, about one hundred and fifty guests being present.

Weight and Height of Americans.

According to a recent work of Mr. B. A. Gould, Actuary to the United States Sanitary Commission, in which some very interesting figures relative to soldiers in the last war are given, it appears that the American nation, instead of being degenerate and inferior to the European race in point of physical perfection, is far the reverse. The figures adduced show that "the tallest men were from Michigan, Illinois and Wisconsin; the next tallest, New England, New York, New Jersey; and the shortest from Scotland, England, Germany." In weight, the men of Kentucky and Tennessee were the heaviest, averaging 150 pounds; England, Scotland, France, Belgium, all between 138 and 139 pounds. The ratio of weight to stature gave in pounds to the inch: Ohio and other western

States, 2.185; New England, 2.121; England and Scotland, 2.118; Germany, 2,168.

Items.

—Cornelius Adams, M. D., of Augusta, Ga., was drowned in the canal at Graniteville, S.C., Jan. 2d.

—Dr. Thomas M. Clayton died suddenly in Washington last week, making the sixth prominent citizen of the capital who has died suddenly within a month.

—The Warden of the Oregon Penitentiary has discharged the prison doctor and detailed one of the convicts, who is an educated physician, to perform the duties. The warden claims that thereby he saves $1500 a year to the State, and, besides, is sure that the physician will "always be within reach when needed."

—A despatch from Ottawa says that smallpox, of the most malignant type, is raging among the Indians at Pichonack, on the Gatineau river, in Ontario. The male Indians have either died or fled the place, and utter destitution prevails. On the 27th ult., the bodies of nine children who had died of the pest remained unburied.

—An interesting trial at Middletown, Conn., has been that of Zamon Cady, for an assault on Dr. William Notling. The latter had attended a child of the former in sickness, and he thought that the doctor was to blame for the child's death. Accordingly he pitched into him on the street one day, and tried to kill him, the indictment says; but the jury can't agree.

—A physician at North Guilford, Conn., recently attempted to collect a bill of $50 for professional services, when it was offset by a formidable bill for dinners, horse baitings, presents of milk, fruit and vegetables, all of which had been tendered ostensibly out of good will. Strange to say, the patient's offset was held valid in a New Haven Court, and the doctor had to pay $7 to get square.

—When the great Duke of Marlborough was hesitating whether he should take a prescription recommended by his celebrated Duchess, "I will be hanged," said her Grace, "if it does not cure you!" Sir Samuel Garth, who was present, and to whom the vixen character of the lady was well known, instantly exclaimed, "Take it, then, your Grace, by all means; it is sure to do good one way or the other."

QUERIES AND REPLIES.

The Half-Yearly Compendium.

Dr. D. N. W., of New York.—The *Compendium* is a digest of all branches of Medical science throughout the world. As far as possible, the language of the original writer is retained, except where it is abbreviated for the sake of space.

Fusil Oil.

Dr. T. J. K of New Jersey.—Your query must have been overlooked, for which accept our excuses. Fusil oil in brandy can be detected by its strong acid taste and nauseous odor. Strong sulphuric acid gives a purple reaction; and the mixture heated with a fragment of potassium bicarbonate emits the odor of valerianic acid.

Dr. C. C. T., of Ala.—The "poem" is received, but is rather lively for our columns!

OBITUARY.

DR. H. P. STEWART,

of Piedmont, West Virginia, died at that place, November 2d, 1874.

When a youth he was sent to school at Williamsport, Pa., after which he began the study of medicine, and graduated at the Jefferson Medical College, of Philadelphia. He then obtained a commission in the United States army, and held it until the close of the war. In leaving the army he was not long in building up an extensive practice. As a practitioner he was very successful.

The doctor had, for the past seven years, been living in the distant West, four of which he spent in Oplin City, Utah. While there, he contracted pulmonary consumption, which compelled him to abandon a lucrative practice, and hasten home, where he died.

MARRIAGES.

BROWN—BAILEY.—On Thursday, December 24th, at St. John's Episcopal Church, Knoxville, Tennessee, by Rev. J. Howard Smith, D. D., the Rector, Mr. O. A. Brown and C. Helen, daughter of Dr. F. K. Bailey.

KETCHUM—RUCKER.—At Navasota, Texas, on 22d December, 1874, by Rev. Virginius O. Gee, of the Episcopal Church, Dr. Alfred H. Ketchum, of Washington county, Texas, late of Mobile Ala., and Miss Mary Rucker, daughter of B. F. Rucker, druggist and pharmaceutist.

MINNICH—TROXELL.—On Tuesday, December 22d, at the residence of the bride's parents, by the Rev. N. S. Strassburger, Frank J. A. Minnich, M. D., and Savana M. E., only daughter of Daniel Troxell, Esq., both of Allentown, Pa.

SMITH—KNOWLES.—At the residence of the bride, on Fifth day, 10th ult., by Friends' ceremony, Dr. Joseph E. Smith, of Yardleyville, and Eliza C. Knowles, both of Bucks county.

TOMLINSON—ARMINGTON.—November 19th, by the Rev. J. W. Langley, Dr. D. D. Tomlinson, of California, to Carrie B. Armington, of Philadelphia.

DEATHS.

CHANDLER.—In Montpelier, December 13th, Mrs. F. A. C. Chandler, widow of the late Dr. C. B. Chandler, aged 62 years. The funeral was attended from the residence of Hon. Joseph Poland on Wednesday.

HYDE.—In Isle LaMotte, December 9th, Melvin J. Hyde, M. D., aged 45 years.

PARMLY.—At his residence, No. 19 West 38th St., New York, Sunday, December 13th, suddenly, of pneumonia, Dr. Eleazar Parmly, aged 77 years and 9 months.

RICHARDSON.—In Louisville, November 29th, Guy, only son of Dr. John B. and Mollie E. Richardson, aged 21 months and 3 days.

SCHIEFERDECKER.—In this city, on the 7th ult., in the 64th year of his age, Dr. C. C. Schieferdecker, of this city.

WARDER.—In this city, on Saturday evening, the 12th ult., of scarlet fever, Willie Peyton, son of Dr. Wm. H. and Josephine B. Warder.

WRIGHT.—Suddenly, in Brooklyn, New York, December 10, 1874, Albert Wright, M. D., aged 70 years and 8 months.